

**FY 2004 Challenge Cost Share Program  
APPLICATION**

**1. PROJECT INFORMATION.**

CCSP Project Request (Check One): Regular \_\_\_\_\_ Lewis & Clark \_\_\_\_\_  
Trails \_\_\_\_\_

Project Title: \_\_\_\_\_

Estimated Start Date: \_\_\_\_\_ Estimated Completion Date: \_\_\_\_\_

**2. NPS APPLICANT INFORMATION.**

Affected Park(s) (Use ALPHA code): \_\_\_\_\_ Regional Office: \_\_\_\_\_

Affected Trail, Site, Resource (if not an NPS Unit): \_\_\_\_\_ State (s): \_\_\_\_\_

NPS Project Contact: \_\_\_\_\_ Title: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

**3. PROJECT PARTNERS.**

Organization Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Authorized Official: \_\_\_\_\_ Title: \_\_\_\_\_

**NOTE:** Letters of support must be submitted from all CCSP project partners as part of this application.

**4. PROJECT SUMMARY.** In the space provided below, summarize the proposed project. Discuss the need(s) met, the role of the partner(s), and specific project deliverables. Do not attach continuation sheets.

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**5. PROJECT BUDGET SUMMARY.** Using the format below, enter the total numbers developed for **Item 12. Budget Narrative**. The **Budget Narrative** must clearly document how the totals below were determined.

<b>BUDGET SUMMARY</b> Enter category totals here			
Category	CCSP Funds	Match/Cost Share	Total
<b>1. Personnel</b>	\$	\$	\$
<b>2. Fringe Benefits</b>	\$	\$	\$
<b>3. Consultant Fees</b>	\$	\$	\$
<b>4. Travel and Per Diem</b>	\$	\$	\$
<b>5. Supplies and Materials</b>	\$	\$	\$
<b>6. Equipment</b>	\$	\$	\$
<b>7. Construction/Conservation Materials</b>	\$	\$	\$
<b>8. Other</b>	\$	\$	\$
<b>TOTAL PROJECT COSTS.</b>	\$	\$	\$

**6. ROLE OF PARTNER(S)**

Will CCSP funds be transferred by NPS to Partner through a Cooperative Agreement? YES \_\_\_\_ NO \_\_\_\_

Will CCSP funds be transferred by NPS to Partner through a Contract? YES \_\_\_\_ NO \_\_\_\_

If the answer to both questions is "NO," explain will the CCSP funds be transferred. \_\_\_\_\_

What are the sources of the non-Federal matching share? In the space provided below, list the sources and amounts of the required dollar-for-dollar non-Federal matching share. Is the matching share secured and available? If no, please explain.

**7. AUTHORIZED SIGNATURE**

The appropriate Regional Director or Park Superintendent must sign and date this form signifying his/her support of this proposal.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_

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**8. CRITICAL NEED.** In the space provided below, describe the critical need or needs being addressed.

**9. PARTNER PARTICIPATION.** In the space provided below, describe how the partner(s) will participate in the success of this project.

**10. TARGET AUDIENCE.** In the space provided below, describe the target audience affected by this project.  
Provide numbers if relevant.

**11. PRODUCTS.** In the space provided below, describe the tangible results or product(s) that will be in place at the end of the project. As appropriate, provide critical numbers as in people trained, copies of publications distributed, resources preserved, etc.

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**12. PROJECT BUDGET NARRATIVE.** Using this budget format, outline the project budget (expand the fields as necessary). Each subtotal entered in **Item 5. Project Budget Summary** must be derived from the information in this section. Each cost item must clearly show how the total charge for that item was determined.

**Please note:** This budget narrative must include the minimum required match (e.g., if applying for \$30,000 CCSP funds, the budget must show a minimum of \$30,000 non-Federal match provided by partners for a budget totaling \$60,000). Federally appropriated funds **may not** be used for match. All non-Federal matching share must be contributed during the project period, which begins when the cooperative agreement and/or contract is signed by both the National Park Service and the project partner.

**1. Personnel.** Provide the names and titles of key project personnel. Please note that CCSP funds may not be used to pay Federal employee salaries, nor may Federal salaries be used as match/cost share.

Name/Title of Position	Wage or Salary	CCSP Funds	Match /Cost Share (if any)	Total
	\$	\$	\$	\$
Subtotal		\$	\$	\$

**2. Fringe Benefits.** If more than one rate is used, list each rate and the wage or salary base.

Rate	Salary or Wage Base	CCSP Funds	Match / Cost Share (if any)	Total
% of	\$	\$	\$	\$
Subtotal		\$	\$	\$

**3. Consultant Fees.** This should include payments for professional and technical consultants participating in the project.

Name and Type of Consultant	# of Days	Daily Rate of Compensation	CCSP Funds	Match/Cost Share (if any)	Total
		\$	\$	\$	\$
Subtotal			\$	\$	\$

**4. Travel and Per Diem.** Indicate the number of persons traveling, the total days they will be in travel status, and the total subsistence and transportation costs.

From/To	# of People	# of Travel Days	Subsistence Costs (Lodging and Per Diem)	Transportation Costs (Airfare and Mileage)	CCSP Funds	Match/Cost Share (if any)	Total
					\$	\$	\$
Subtotal					\$	\$	\$

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**5. Office Supplies and Materials.** Include consumable supplies and materials to be used in the project and any items of expendable equipment, i.e., equipment costing less than \$5,000 or with an estimated useful life of less than two years. Equipment costing more than that should be listed in the Equipment category (Category 6, below).

Item	Cost	CCSP Funds	Match/Cost Share (if any)	Total
		\$	\$	\$
Subtotal		\$	\$	\$

**6. Equipment.** List all equipment items in excess of \$5,000. Items worth less than \$5,000 or that have a useful life of less than two years must be listed in the Supplies and Materials category (Category 5, above).

Item	Cost	CCSP Funds	Match/Cost Share (if any)	Total
	\$	\$	\$	\$
Subtotal		\$	\$	\$

**7. Construction/Conservation Materials.**

Item	Cost	CCSP Funds	Match/Cost Share (if any)	Total
	\$	\$	\$	\$
Subtotal		\$	\$	\$

**8. Other (specify).**

Item	Cost	CCSP Funds	Match / Cost Share (if any)	Total
	\$	\$	\$	\$
Subtotal		\$	\$	\$